

NAME		EMPL. NO.		CARD FILLED OUT BY: <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/> TELEPHONE EXT.					
		THIS CARD MUST BE RETURNED							
INSTRUCTIONS PLEASE READ THE ACCOMPANYING CARD CAREFULLY AND THEN READ THIS CARD AND FILL IT OUT AS ACCURATELY AS POSSIBLE. THIS CARD <u>MUST</u> BE RETURNED REGARDLESSS OF WHETHER YOU HAVE HAD ANY OVERSEAS SERVICE OR NOT !		WHERE SERVICE WAS PERFORMED	PCS-1 TDY-2 (ENTER NO.)	DATES FROM AND TO		SERVICE AS:	RESPONSIBLE	DO NOT WRITE IN THIS	
				FROM	TO	CIVILIAN-1	US GOV' T		
				MO.	YR.	MO.	MILITARY-2	COMPONENT	
							(ENTER NO.)		

IF YOU NEED ADDITIONAL SPACE CHECK HERE AND ASK FOR A SUPPLEMENTAL CARD

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